				Application or Docket Number											
PATENT APPLICATION FEE DETERMINATION RECORD 107 85581 Efféctive October 1, 2003															
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALLENTITY OTHER THAN TYPE OR SMALLENTITY						
П	OTAL CLAIM	S ·	15				· R	NTE	FEE	7	RATE	F	EE		
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		C FE	€ 385.00	OR	BASIC FEE	770	0.00		
TOTAL CHARGEABLE CLAIMS			15 minus 20=		. 19		XS	9=	1	OR	X\$18=				
INDEPENDENT CLAIMS			₹ minus 3 =		* ø		X	X43=		OR	X86=				
М	ULTIPLE DEPE	NDENT CLAIM F	RESENT					+145=		OR					
* If the difference in column 1 is less than zero, enter "0" in column 2							. 	TAL	 	OR	TOTAL	77	0.0		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							ALL	ENTITY	⊸ OR	OTHER SMALL				
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER JUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEEL]	RATE	TIO	DI- NAL		
<u>R</u>	Total	- 15	Minus	· 3	20	= -	X\$	9:=		OR	X\$18=				
WE	Independent	. 3	Minus	···· 3	3	=	X4	3=	1	OR	· X86=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						. +14	5-	1	OR	+290=				
								OTAL		1,0	TOTAL	-			
•	•	(Column 1)		· (Colum		(Column 3)	ADDIT	FEE		70,,	ADDIT. FEE				
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST IEA USLY.	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	AD TIO			
MQN	Total	*	Minus	**		=.	X\$	9=		OR	X\$18=	1			
AMENDMENT	Independent		Minus	***		=	X4:	3=	-	OR	X86=	· ·			
با	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=				
٠										OR	TOTAL ADDIT, FEE	·			
,		(Column 1)		(Colum		(Column 3)									
NT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER JSLY '	PRESENT EXTRA	FIAT	E.	ADDI- TIONAL FEE		RATE	AD TIOI FE	VAL		
<u> </u>	Total	•	Minus	**		=	X\$ °)-		OR	`X\$18=				
AMENDMENT	Independent	*	Minus	***		=	X43			1 1	. X86=		\dashv		
4	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR					
	lba asia is a second	1 is less the **	,		n in aal		+145			OR	+290=	·	\Box		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												_			
IJ	ne "Highest Numi	nber Previously Paid ber Previously Paid	For (Total or	Independen	ess man I) is the i	i u. enier u. highest number f	ound in th	e appr	ropriate box	in colu	mn I.				

FORM PTO-875 /Per 10/031

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